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CONFIRMATION NO. 4703

|                             |                                       |              |                        |                                 |
|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------|
| SERIAL NUMBER<br>10/750,338 | FILING DATE<br>12/31/2003<br><br>RULE | CLASS<br>710 | GROUP ART UNIT<br>2112 | ATTORNEY DOCKET NO.<br>42P17996 |
|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

BTM  
BTM

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 05/03/2004**

|   |                           |                        |                       |                            |
|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR<br>COUNTRY<br>WA | SHEETS<br>DRAWING<br>7 | TOTAL<br>CLAIMS<br>30 | INDEPENDENT<br>CLAIMS<br>8 |
|---|---------------------------|------------------------|-----------------------|----------------------------|

35 USC 119 (a-d) conditions met ☐ yes ☐ no ☐ Met after Allowance

Verified and Acknowledged *[Signature]* Examiner's Signature *[Initials]* Initials

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**TITLE**  
 Method for signaling PCI/PCI-X standard hot-plug controller (SHPC) command status

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|------------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>1510 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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